

**LOBBYING SUPPLEMENT REGISTRATION FORM**

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 4-27-99

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LOUISIANA  
ETHICS COMMISSION  
CIVIL SERVICE

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jm

1. NAME Haynie, Randy K.

Last

First

MI

2. BUSINESS PHONE 225/336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station, Baton Rouge, LA 70804

Street and No.

City

State

Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS same as above

Street and No.

City

State

Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No K/A

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name The Gray Insurance Co.

Address 3601 N. 1-10 Service Rd. W., Metairie, LA 70002-7045

Business or purpose Insurance

☒ New RepresentationDoes this person pay you? yes

If No, who pays you?

☐ Terminated Representation as of

# SUPPLEMENTAL REGISTRATION FORM

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of Lafayette

Before me, the undersigned authority, personally came and appeared Randy K. Haynie, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 19<sup>th</sup> day of April, 1999.

Notary Public